

Phlyctenular conjunctivitis : A window to systemic tuberculosis

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Introduction

Phlyctenular conjunctivitis is a type IV cell mediated hypersensitivity reaction to endogenous microbial proteins. It is more commonly reported from developing countries in the paediatric age group in association with pulmonary and lymph node tuberculosis.^{1,2} Although, main antigen responsible for PKC was tuberculo protein¹; there are other sensitizing antigens were also reported in literatures such as staphylococcal products, worm infestation, fungi, viruses and parasites.³⁻⁷ The disease occurs typically in acute, self-limited lesion, usually located at limbus . It may resemble a blister at one stage, but the small red nodule of lymphoid tissue characteristically develops into a microabscess that ulcerates and heals in 10–14 days.⁸

This is the case report of young girl presented with phlyctenular conjunctivitis in association with pulmonary tuberculosis.

Case report

A 13-year-old girl came to OPD with complaints of foreign body sensation and redness in her right eye from past 5 days. She denied any history of trauma. Retrospectively, she gave history of contact with tuberculosis patient in her home.

On ocular examination, visual acuity was 20/20 both eyes and both the pupils were reacting to light normally. On slit lamp examination, a whitish raised lesion found at limbus in her right eye ,at 6’O clock position. This lesion was surrounded by engorged and hyperemic conjunctival vessels extending from 5’O clock to 7’O clock position.(figure1) Anterior chamber was quiet and posterior segment was within normal limits .The examination of left eye was normal. A diagnosis of phlyctenulosis was kept and patient was investigated accordingly. On blood investigations complete hemogram was normal, ESR was 35 mm in 1st hour and Mantoux test was 20*21 mm. Pulmonary consultation was taken and as suggested, CBNAAT was performed which came positive.



Figure 1

Patient was put on Category I Anti Tubercular Treatment(ATT) based on RNTCP , along with topical steroids and topical lubricants in her right eye. After 2 week follow-up lesion in her right eye healed without any scarring.

Discussion and conclusion

Phlyctenulosis is a hypersensitivity reaction caused by variety of conditions. However, tuberculosis is associated with most of the cases.¹ Sometimes ocular findings can point out systemic tuberculosis. So, early detection of such kind of lesion is important for timely intervention.

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